

Inspection Checklist

Inspected by: _____

Company/Project: _____

Number of Employees: _____ **Copies to:** _____

Date: _____

	OK	Not OK	ACTION TAKEN
1. SITE ACCESS			
Clean, level ground	<input type="checkbox"/>	<input type="checkbox"/>	_____
Adequate ramps	<input type="checkbox"/>	<input type="checkbox"/>	_____
Adequate stairs	<input type="checkbox"/>	<input type="checkbox"/>	_____
Adequate ladders	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. PROTECTIVE EQUIPMENT			
Hard hats worn	<input type="checkbox"/>	<input type="checkbox"/>	_____
Protective footwear worn	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fall protection worn	<input type="checkbox"/>	<input type="checkbox"/>	_____
Skin protection:			
Worn	<input type="checkbox"/>	<input type="checkbox"/>	_____
Available	<input type="checkbox"/>	<input type="checkbox"/>	_____
Eye & face protection:			
Worn	<input type="checkbox"/>	<input type="checkbox"/>	_____
Available	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hearing protection:			
Worn	<input type="checkbox"/>	<input type="checkbox"/>	_____
Available	<input type="checkbox"/>	<input type="checkbox"/>	_____
Respiratory protection:			
Worn	<input type="checkbox"/>	<input type="checkbox"/>	_____
Available	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. GUARDRAILS, BARRICADES			
Located where required	<input type="checkbox"/>	<input type="checkbox"/>	_____
Properly constructed	<input type="checkbox"/>	<input type="checkbox"/>	_____
Adequately secured	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. LADDERS			
Secured	<input type="checkbox"/>	<input type="checkbox"/>	_____
Proper angle (extension ladders)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Proper size and type	<input type="checkbox"/>	<input type="checkbox"/>	_____
Safe, usable condition	<input type="checkbox"/>	<input type="checkbox"/>	_____
Properly used	<input type="checkbox"/>	<input type="checkbox"/>	_____
Proper Handrail and landings	<input type="checkbox"/>	<input type="checkbox"/>	_____
Non-slip bases	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. FIRE PROTECTION			
Extinguishers where required	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fully charged	<input type="checkbox"/>	<input type="checkbox"/>	_____
Adequately identified	<input type="checkbox"/>	<input type="checkbox"/>	_____
Master emergency plan	<input type="checkbox"/>	<input type="checkbox"/>	_____
Adequate type (4A40BC)	<input type="checkbox"/>	<input type="checkbox"/>	_____

6. PUBLIC WAY PROTECTION	OK	Not OK	ACTION TAKEN
Properly located (within 4.5 m)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Covered where required	<input type="checkbox"/>	<input type="checkbox"/>	_____
Min. height, width requirement	<input type="checkbox"/>	<input type="checkbox"/>	_____
Proper rail on street side	<input type="checkbox"/>	<input type="checkbox"/>	_____
Proper lighting, where required	<input type="checkbox"/>	<input type="checkbox"/>	_____
1.8m high fencing where required	<input type="checkbox"/>	<input type="checkbox"/>	_____
7. HOUSEKEEPING	OK	Not OK	ACTION TAKEN
Clear walkways	<input type="checkbox"/>	<input type="checkbox"/>	_____
Clear work areas	<input type="checkbox"/>	<input type="checkbox"/>	_____
Clear access and landing	<input type="checkbox"/>	<input type="checkbox"/>	_____
Maintained as required and at least daily	<input type="checkbox"/>	<input type="checkbox"/>	_____
8. FALL PROTECTION	OK	Not OK	ACTION TAKEN
CSA approved	<input type="checkbox"/>	<input type="checkbox"/>	_____
Properly worn	<input type="checkbox"/>	<input type="checkbox"/>	_____
Safe, usable condition	<input type="checkbox"/>	<input type="checkbox"/>	_____
Unprotected openings and edges	<input type="checkbox"/>	<input type="checkbox"/>	_____
Working from:			
Ladders	<input type="checkbox"/>	<input type="checkbox"/>	_____
Scaffolds	<input type="checkbox"/>	<input type="checkbox"/>	_____
Swingstages	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other surfaces (floor, roof, beam etc.)	<input type="checkbox"/>	<input type="checkbox"/>	_____
9. STAIRWELLS & RAMPS	OK	Not OK	ACTION TAKEN
Proper filler blocks in metal stairs	<input type="checkbox"/>	<input type="checkbox"/>	_____
Proper cleats on ramps	<input type="checkbox"/>	<input type="checkbox"/>	_____
Adequate lighting in stairwells	<input type="checkbox"/>	<input type="checkbox"/>	_____
Proper handrails or guardrails	<input type="checkbox"/>	<input type="checkbox"/>	_____
10. SCAFFOLDS	OK	Not OK	ACTION TAKEN
Properly erected (all parts used)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Adequately braced	<input type="checkbox"/>	<input type="checkbox"/>	_____
Properly secured	<input type="checkbox"/>	<input type="checkbox"/>	_____
Properly planked	<input type="checkbox"/>	<input type="checkbox"/>	_____
Proper guardrails, toeboards	<input type="checkbox"/>	<input type="checkbox"/>	_____
Proper access to platform	<input type="checkbox"/>	<input type="checkbox"/>	_____
Acceptable loading	<input type="checkbox"/>	<input type="checkbox"/>	_____
11. POWER TOOLS, EQUIPMENT	OK	Not OK	ACTION TAKEN
General condition	<input type="checkbox"/>	<input type="checkbox"/>	_____
Proper guards, cords, PPE	<input type="checkbox"/>	<input type="checkbox"/>	_____
Tagging as DEFECTIVE	<input type="checkbox"/>	<input type="checkbox"/>	_____
12. EXTENSION CORDS	OK	Not OK	ACTION TAKEN
Outdoor-type, rated over 300 volts	<input type="checkbox"/>	<input type="checkbox"/>	_____
Condition of casing, ends, connections	<input type="checkbox"/>	<input type="checkbox"/>	_____
13. GAS CYLINDERS	OK	Not OK	ACTION TAKEN

Properly located	<input type="checkbox"/>	<input type="checkbox"/>	_____
Properly secured	<input type="checkbox"/>	<input type="checkbox"/>	_____
Properly moved or lifted	<input type="checkbox"/>	<input type="checkbox"/>	_____
Properly hooked up	<input type="checkbox"/>	<input type="checkbox"/>	_____
14. WORKER EDUCATION	OK	Not OK	ACTION TAKEN
WHMIS training	<input type="checkbox"/>	<input type="checkbox"/>	_____
Working at Heights training	<input type="checkbox"/>	<input type="checkbox"/>	_____
Company safety policy & program	<input type="checkbox"/>	<input type="checkbox"/>	_____
Injury and hazard reporting	<input type="checkbox"/>	<input type="checkbox"/>	_____
OH&S Act and Regulations	<input type="checkbox"/>	<input type="checkbox"/>	_____
Personal H&S responsibilities	<input type="checkbox"/>	<input type="checkbox"/>	_____
JHSC training as required	<input type="checkbox"/>	<input type="checkbox"/>	_____
Basic worker awareness training	<input type="checkbox"/>	<input type="checkbox"/>	_____
15. FIRST AID REQUIRMENTS	OK	Not OK	ACTION TAKEN
Adequate qualified first aiders on jobsite (with names)	<input type="checkbox"/>	<input type="checkbox"/>	_____
First aid kits: Adequate number	<input type="checkbox"/>	<input type="checkbox"/>	_____
Adequate contents	<input type="checkbox"/>	<input type="checkbox"/>	_____
16. CRANES, HOISTS, ETC.	OK	Not OK	ACTION TAKEN
Safe setup of equipment	<input type="checkbox"/>	<input type="checkbox"/>	_____
Maintenance log available	<input type="checkbox"/>	<input type="checkbox"/>	_____
Competent operator	<input type="checkbox"/>	<input type="checkbox"/>	_____
Condition of slings, hardware	<input type="checkbox"/>	<input type="checkbox"/>	_____
Safety catches on all hooks	<input type="checkbox"/>	<input type="checkbox"/>	_____
Proper use of tag lines	<input type="checkbox"/>	<input type="checkbox"/>	_____
Proper lifting containers	<input type="checkbox"/>	<input type="checkbox"/>	_____
Competent signaler	<input type="checkbox"/>	<input type="checkbox"/>	_____
17. TRAFFIC CONTROL	OK	Not OK	ACTION TAKEN
Trained traffic controllers	<input type="checkbox"/>	<input type="checkbox"/>	_____
Written traffic protection plan	<input type="checkbox"/>	<input type="checkbox"/>	_____
Properly located	<input type="checkbox"/>	<input type="checkbox"/>	_____
Clean, regulation sign	<input type="checkbox"/>	<input type="checkbox"/>	_____
Properly dressed (including vest)	<input type="checkbox"/>	<input type="checkbox"/>	_____
18. WELDING	OK	Not OK	ACTION TAKEN
Rods & cylinders properly labeled	<input type="checkbox"/>	<input type="checkbox"/>	_____
SDSs readily available	<input type="checkbox"/>	<input type="checkbox"/>	_____
Properly secured ground cables	<input type="checkbox"/>	<input type="checkbox"/>	_____
Proper eye protection worn	<input type="checkbox"/>	<input type="checkbox"/>	_____
Proper screens and exhaust	<input type="checkbox"/>	<input type="checkbox"/>	_____
Gas cylinders upright and secured	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fire extinguisher readily available	<input type="checkbox"/>	<input type="checkbox"/>	_____
19. ELEVATING WORK PLATFORM	OK	Not OK	ACTION TAKEN
Worker training	<input type="checkbox"/>	<input type="checkbox"/>	_____
Properly used	<input type="checkbox"/>	<input type="checkbox"/>	_____

Inspection records	<input type="checkbox"/>	<input type="checkbox"/>	_____
Safe, usable condition	<input type="checkbox"/>	<input type="checkbox"/>	_____
Acceptable loading	<input type="checkbox"/>	<input type="checkbox"/>	_____
Manufacturer's operating manual	<input type="checkbox"/>	<input type="checkbox"/>	_____
20. TEMPORARY POWER SUPPLY	OK	Not OK	ACTION TAKEN
Properly identified	<input type="checkbox"/>	<input type="checkbox"/>	_____
Overhead lines flagged & secured	<input type="checkbox"/>	<input type="checkbox"/>	_____
Surface cables buried or protected	<input type="checkbox"/>	<input type="checkbox"/>	_____
21. SIGNS & PRINT MATERIAL	OK	Not OK	ACTION TAKEN
OH&S Act and regulations	<input type="checkbox"/>	<input type="checkbox"/>	_____
WSIB Form 82 poster	<input type="checkbox"/>	<input type="checkbox"/>	_____
SDSs	<input type="checkbox"/>	<input type="checkbox"/>	_____
Warning signs	<input type="checkbox"/>	<input type="checkbox"/>	_____
Emergency phone list	<input type="checkbox"/>	<input type="checkbox"/>	_____
Report forms	<input type="checkbox"/>	<input type="checkbox"/>	_____
Written emergency procedure	<input type="checkbox"/>	<input type="checkbox"/>	_____
Form 1000 & Notice of Project if required	<input type="checkbox"/>	<input type="checkbox"/>	_____
Danger Due to signs as required	<input type="checkbox"/>	<input type="checkbox"/>	_____
Constructor's name and address	<input type="checkbox"/>	<input type="checkbox"/>	_____
Violence and harassment/health & safety policy as required	<input type="checkbox"/>	<input type="checkbox"/>	_____
Contact information/address of closest Ministry office	<input type="checkbox"/>	<input type="checkbox"/>	_____
22. MATERIALS STORAGE	OK	Not OK	ACTION TAKEN
Properly located	<input type="checkbox"/>	<input type="checkbox"/>	_____
Safely piled, stacked, bundled	<input type="checkbox"/>	<input type="checkbox"/>	_____
Properly moved or lifted	<input type="checkbox"/>	<input type="checkbox"/>	_____
Properly labeled (WHMIS)	<input type="checkbox"/>	<input type="checkbox"/>	_____
23. TRENCHES & EXCAVATIONS	OK	Not OK	ACTION TAKEN
Properly sloped, where required	<input type="checkbox"/>	<input type="checkbox"/>	_____
Excavated soil properly placed	<input type="checkbox"/>	<input type="checkbox"/>	_____
Appropriate shoring used	<input type="checkbox"/>	<input type="checkbox"/>	_____
"Adequate access provided"	<input type="checkbox"/>	<input type="checkbox"/>	_____
Proper access to trench	<input type="checkbox"/>	<input type="checkbox"/>	_____
Proper storage of materials in and above Trench	<input type="checkbox"/>	<input type="checkbox"/>	_____
24. CONFINED SPACES	OK	Not OK	ACTION TAKEN
Proper access	<input type="checkbox"/>	<input type="checkbox"/>	_____
Air testing before entry	<input type="checkbox"/>	<input type="checkbox"/>	_____
Rescue equipment and team readily available	<input type="checkbox"/>	<input type="checkbox"/>	_____
Safety harness, lifeline properly anchored & used	<input type="checkbox"/>	<input type="checkbox"/>	_____
Second person for rescue	<input type="checkbox"/>	<input type="checkbox"/>	_____
Outgoing air monitored	<input type="checkbox"/>	<input type="checkbox"/>	_____

Entry permit where required	<input type="checkbox"/>	<input type="checkbox"/>	<hr/> <hr/>
25. SUSPENDED SCAFFOLDS	OK	Not OK	ACTION TAKEN
Properly attached and capable of at least 4 times maximum load	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>
Outrigger beam tied to fixed support with adequate counterweight	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>
All mechanical/electrical devices in good working condition	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>
Independent lifelines for each worker (extend to ground)	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>
Engineer's drawing on site	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>
Proof of training available	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>
Edge protection for fall protection equipment	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>
Roof plan/inspection report for the permanent anchors (Owner duty constructor to obtain copy)	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>
26. FORMWORK	OK	Not OK	ACTION TAKEN
Guardrails and fall-arrest system	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>
Adequate fall protection provided	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>
Installed as per design drawings/manufacturer's instructions	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>
Design drawings kept on project	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>
Inspection statement by engineer or competent worker	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>
27. HYGIENE	OK	Not OK	ACTION TAKEN
Cleanliness of facilities	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>
Adequate number of facilities	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>
Heated (if required) and adequately lit	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>
Potable drinking water	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>
Adequate clean-up facilities (running water/wash basin/soap/paper towel/hand dryer)	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>